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Testimony in Support of HB 4736 to Permit Expedited Partner Therapy (EPT)
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Thank you for taking-up this important public health issue, which is especially important for women's health. The Administration fully supports House Bill 4736, which would authorize health professionals to provide Expedited Partner Therapy (EPT). This is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his or her partner without the health care provider first examining the partner.

Sexually transmitted infections are a significant public health problem in Michigan and across the United States. Every year gonorrhea and chlamydia are the most frequently reported infections. In 2012, there were 12,770 cases of gonorrhea and 48,727 cases of chlamydia reported in Michigan. In your packet, you will find data that shows how your individual districts are impacted by these infections.

EPT is a proven effective intervention that is highly recommended by the Centers for Disease Control and Prevention (CDC). It is endorsed by the American Congress of Obstetricians and Gynecologists, the American Medical Association, the American Bar Association, the American Academy of Pediatrics, and the Society for Adolescent Health and Medicine. Currently, Michigan is one of only six states where the practice of EPT is legally prohibited.

Treating partners of individuals with a sexually transmitted infection without a confirmed laboratory result (known as presumptive treatment) has been a standard of care in clinical settings for decades. For infections such as chlamydia and gonorrhea, which are largely asymptomatic and highly infectious, it is imperative that individuals who are infected or who are at increased risk for infection due to exposure are treated quickly to halt the spread to others.

The immediate benefits of EPT are significant. Studies have shown that it reduces the amount of re-infection by approximately 30%. Assuring timely treatment of partners avoids negative health outcomes for the partners as well as subsequent transmission from these untreated cases. Additionally, avoiding re-infection and untreated infection results in fewer negative health outcomes for young women,

such as Pelvic Inflammatory Disease, ectopic pregnancy, infertility, and increased risk of HIV.

In this time of shrinking resources, it is also important to acknowledge the fiscal benefits of EPT. As a result of lower re-infection rates and partners being treated outside of a clinical setting, there is reduced burden on public health clinics as well as private physicians, emergency departments, and other health centers, as there are fewer patient visits needed to manage these diseases.

In recent years the State STD Program, along with our local health partners, have been forced to make difficult decisions in the face of declining resources. In an ideal situation, every case of reported chlamydia and gonorrhea would be provided individual case management services, including the notification and referral of sexual partners. However, today's public health system does not have the capacity to do this for all of the 60,000 plus reported cases of these infections each year.

Lastly, it is important to stress that EPT is safe. We are fortunate that there are effective single-dose oral therapies available to treat these infections. Time has shown that the only side effect is mild nausea and it rarely occurs. California, the first state to adopt EPT in 2001, established a dedicated hotline to track adverse reactions. However, last year the hotline was shut-down because in 11 years there were no reports.

EPT provides clinicians with another tool to treat these infections. The department stands ready to assist in the development of the patient information sheet and other educational materials to implement this new law. Thank you.